

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

41952

## 1. PLACE OF DEATH

County St. CharlesRegistration District No. 757Township St. CharlesPrimary Registration District No. 3036City St. Charles(No. 428, Houston)

File No. \_\_\_\_\_

Registered No. 185

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Catherine Rose(a) Residence, No. 428 Houston

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 20 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

6724

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

FATHER

13. NAME

William Fennemann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Anna Hampschuel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT \* (ADDRESS)

Miss Maria E. Rose  
428 Houston St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE White PineDATE Dec 28, 1931

19. UNDERTAKER (ADDRESS)

W. Hallman  
700 N. 2nd St. St. Charles, Mo.

20. FILED

12/281931My. H. Bloebaum

Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 24, 1931

22. I HEREBY CERTIFY That I attended deceased from

October 20, 1931, to December 24, 1931I last saw him alive on December 24, 1931. Death is saidto have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Endocarditis  
(Sclerotic)

Date of onset

12/14/31

Other contributory causes of importance:

Arteriosclerosis (general)about  
5 yrs.  
ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) B. P. Wenter

, M. D.

(Address) St. Charles, Mo.

